

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	<b>10/018708</b>	FILING DATE
APPLICANT(S)		

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1		1	
3	2		2		2	
4	2		2		2	
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	2		1		1	
9	2		1		1	
10	2		2		2	
11	2		2		1	
12	1		2		1	
13	1		2		1	
14	1		1		1	
15	1		1		1	
16	2		2		2	
17	2		2		1	
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26	2		2		1	
27	2		2		2	
28	2		2		1	
29	2		2		2	
30	1		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	1		1		1	
35	1		1		1	
36	1		1		1	
37	1		1		1	
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TOTAL IND.		6	10	10		
TOTAL DEP.		51	49	49		
TOTAL CLAIMS		57	53	53		

	*					
	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		6	10	10		
TOTAL DEP.		51	49	49		
TOTAL CLAIMS		57	53	53		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331

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